

Client Committee  
Campaign Statement  
Cover Page  
(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from January 20, 2002  
through February 14, 2002

Date of election if applicable:  
(Month, Day, Year)  
March 5, 2002

COVER PAGE  
460  
FEB 21 2002  
REGISTERED VOTER  
Page 1 of 67  
Deputy

COPY

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
- ☒ Officerholder, Candidate Contested Committee  
☐ State Candidate Election Committee  
☐ Recall  
*(See Complete Part 3)*
- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee
- ☐ Ballot Measure Committee  
☐ Primarily Formed  
☐ Contested  
☐ Sponsored  
*(See Complete Part 3)*
- ☐ Primarily Formed Candidate/Officerholder Committee  
*(See Complete Part 7)*

2. Type of Statement:
- ☒ Prediction Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain below)
- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Prediction Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

LD NUMBER 1237231

Noby For Supervisor

Treasurer(s)

NAME OF TREASURER

Michael D. Costanzo

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on February 21, 2002

Executed on February 21, 2002

Executed on \_\_\_\_\_

Executed on \_\_\_\_\_

By Michael D. Costanzo

By Michael D. Costanzo

By \_\_\_\_\_

By \_\_\_\_\_

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2  
CALIFORNIA  
FORM  
**460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Chris Norby

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

County Supervisor, Orange County District #4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[REDACTED]

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

Friends of Chris Norby 831657

NAME OF TREASURER CONTROLLED COMMITTEE?

[REDACTED] ☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO PO. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

[REDACTED]

COMMITTEE NAME I.D. NUMBER

[REDACTED]

NAME OF TREASURER CONTROLLED COMMITTEE?

[REDACTED] ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO PO. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

[REDACTED]

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent if any.  
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

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NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Norby For Supervisor

Statement covers period  
from 4/20/02  
through 2/16/03

CALIFORNIA  
FORM 460

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I.D. NUMBER  
1237231

## Contributions Received

	Column A TOTAL RECEIVED (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL RECEIVED
1. Monetary Contributions	Schedule A, Line 3 \$ 76,211	\$ 102,996
2. Loans Received	Schedule B, Line 3 \$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 76,211	\$ 102,996
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 8,000	\$ 3,000
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 84,211	\$ 105,996

Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections

20. Contributions Received	\$ 102,996
21. Expenditures Made	\$ 105,996

## Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 147,295	\$ 136,216
7. Loans Made	Schedule H, Line 3 \$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 147,295	\$ 136,216
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 15,700	\$ 15,700
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ 2,000	\$ 3,000
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 164,995	\$ 154,916

Expenditure Limit Summary for State  
Candidates

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

Date of Election (month/day)

Total to Date

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 64,084
13. Cash Receipts	Column A, Line 3 above \$ 76,211
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 0
15. Cash Payments	Column A, Line 8 above \$ 147,295
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 23,000

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0
Cash Equivalents and Outstanding Debts	See instructions on reverse \$ 0
18. Cash Equivalents	\$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 0

**Type or print in ink.**  
**Amounts may be rounded**  
**to whole dollars.**

**SEE INSTRUCTIONS ON REVERSE**  
**NAME OF FILER**

**SCHEDULE A**  
**160**

Statement covers period

from Jan. 20, 2002

CALIFORNIA  
FOR  
**460**

through Feb. 16, 2002

**I.D. NUMBER**

**1237231**

**Norby for Supervisor**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER ID NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
		<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC				
		<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC				
		<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC				
		<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC				
		<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC				

**SUBTOTAL \$**

- |   |                 |
|---|-----------------|
| 1. Amount received this period -- contributions of \$100 or more.<br>(Include all Schedule A subtotals.) .....                            | \$ 70,160       |
| 2. Amount received this period -- unitemized contributions of less than \$100 .....   | \$ 6,051        |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | TOTAL \$ 76,211 |

\*Contributor Codes:  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*Nancy Lee Surprenant*

Statement covers period  
from July 20, 2002  
through Feb 16, 2003

CALIFORNIA  
FORM 460

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I.D. NUMBER  
1237231

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/10/2002	A.J. Kirkwood & Associates, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000	\$1,000	\$1,000
1/25/2002	Ms. Abigail Akkerman [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	\$100
2/13/2002	Mr. W.R. Allen [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor Roy Allen Slurry Seal	\$750	\$750	\$750
2/10/2002	Mr. Jerry Annante [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Annante & Shaffer, LLP	\$100	\$100	\$100
1/22/2002	Anaheim Eye Medical Group [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200	\$200	\$200
SUBTOTAL \$ <u>2,150</u>						

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unbundled contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ \_\_\_\_\_

Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>Jan. 20, 2002</u> through <u>Feb. 16, 2002</u>		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
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**Norby for Supervisor**

ID NUMBER  
**1237231**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (if committee, also enter ID number)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (if self-employed, enter name of business)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (if required)
2/6/2002	Mr. Thomas Scott Armour [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Self-Employed	\$100	\$100	\$150
1/25/2002	Mr. Wayne Baglin [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker Baglin Real Estate	\$100	\$100	\$100
2/15/2002	Beverly Bailey [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President & CEO Stronghold Engineering	\$150	\$150	\$150
2/1/2002	Mr. George Barton [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	\$150
2/12/2002	Mr. Robert Bean [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250	\$250	\$250
<b>SUBTOTAL \$</b>				<b>700</b>	<b>1500</b>	<b>2500</b>

\*Contributor Codes  
 ND - Individual  
 COM - Recipient Committee  
 (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

SCHEDULE A (CONT)  
CALIFORNIA  
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ID NUMBER  
1237231

## Norby for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (If Committee, Also Enter ID Number)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If Self-Employed, Enter Name of Business)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (Jan. 1 - Dec. 31)	PER ELECTION TO DATE (If Required)
1/31/2002	Mr. David Bell ██████████ ██████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Software Engineer Toshiba America	\$25	\$25	\$100
1/25/2002	Mr. Lori Belski ██████████ ██████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	IT Manager Ingram Micro	\$50	\$50	\$150
1/24/2002	Ms. Dorothy Benford ██████████ ██████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$1,000	\$1,000	\$1,000
1/24/2002	Mr. Jenny Benford ██████████ ██████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Student Law School	\$1,000	\$1,000	\$1,000
1/24/2002	Mr. Raymond Benford ██████████ ██████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	President California Mortgage Service	\$1,000	\$1,000	\$1,000
SUBTOTAL \$ <u>3,075</u>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SOC)  
OTH - Other  
PTY - Political Party  
SOC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in Ink.  
Amounts may be rounded  
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Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

SCHEDULE A (CONT.)  
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I.D. NUMBER  
1237231

## Norby for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER SECTION TO DATE (IF REQUIRED)
2/1/2002	Mrs. Barbara Brenner [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$100	\$100	\$200
2/15/2002	Mr. Larry Bennett [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Speech Pathologist Ocean View School District	\$50	\$100	\$150
2/12/2002	Mrs. Ernestina Benson [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Interpreter Self-Employed	\$100	\$100	\$150
1/29/2002	Mr. Dennis Bergman [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer Pacific Drive Group	\$100	\$100	\$200
1/31/2002	Mrs. Karol Bieger [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	\$100
SUBTOTAL \$				450		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

SCHEDULE A (CONT)  
CALIFORNIA  
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NAME OF FILER

Norby for Supervisor

I.D. NUMBER

1237231

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OR BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/15/2002	Mr. Robert Bishop [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Network Telecom Superior Court	\$250	\$250	\$1,000
1/29/2002	Mr. Bertman Black [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$50	\$50	\$100
1/30/2002	Mr. Ben Blount [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$50	\$50	\$100
1/25/2002	Ms. Cleo Bluth [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Real Estate Investor Self-Employed	\$500	\$500	\$500
1/29/2002	Mr. James Bragg [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$50	\$100	\$200
SUBTOTAL \$				900		

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IND - Individual  
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(other than PTY or SOC)  
OTH - Other  
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SOC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT)

Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

CALIFORNIA  
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LD NUMBER

**1237231**

NAME OF FILER <b>Nordy for Supervisor</b>						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>* COMMITTEE ALSO ENTER I.D. NUMBER</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
2/2/2002	Mr. Benjamin Braun [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect JBZ Architects & Planners	\$200	\$200	\$400
1/23/2002	Mr. Dean Brothman [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Western Medical Group	\$300	\$300	\$300
2/13/2002	Mr. Craig Brown [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer Senior Care Industries	\$100	\$100	\$100
1/29/2002	Mr. Arthur Brington [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Civil Engineer Retired	\$100	\$200	\$200
2/4/2002	Mr. Louis Brudocao [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer Brudocao Company	\$500	\$500	\$1,000
SUBTOTAL \$ <u>1,200</u>						

Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

SCHEDULE A (CONT.)  
CALIFORNIA  
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NAME OF FILER

**Norty for Supervisor**

L.D. NUMBER

1237231

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (* SEE-EMPLOYER, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2002	Mr. Rudolf Bruboco [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Physician Lifesstages Center for Dev. Medicine	\$500	\$500	\$500
2/16/2002	Mr. Mark Buchler [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	CEO Employers Resource	\$1,000	\$1,000	\$1,000
2/11/2002	Mrs. Marjorie Carnahan [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Owners Investment Development Management	\$100	\$100	\$100
1/23/2002	Mr. Janeth Carpenter [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$50	\$50	\$100
2/5/2002	Mr. Joseph Carruth [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$100	\$100	\$100
SUBTOTAL \$				1,750	1,750	1,750

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>Jan. 20, 2002</u> through <u>Feb. 16, 2002</u>	CALIFORNIA FORM <b>460</b>
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NAME OF FILER  
**Norby for Supervisor**

I.D. NUMBER  
**1237231**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/24/2002	Don Caskey [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect Carter & Burgess, Inc	\$500	\$500	\$500
2/10/2002	Mr. Ronald Codillos [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Managing Partner Sierra Partners LLC	\$1,000	\$1,000	\$1,000
2/4/2002	Mrs. Judy Cercey [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Technician Concort	\$25	\$25	\$175
2/13/2002	Mr. Ray Chafe [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Sunwest Electric Inc.	\$1,000	\$1,000	\$1,000
2/16/2002	Mr. Shan Chen [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineering & Management Arbortland	\$100	\$100	\$100
SUBTOTAL \$ <b>2,625</b>						

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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

SCHEDULE A (CONT)  
CALIFORNIA  
FORM 460

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NAME OF FILER

Norby for Supervisor

LD NUMBER  
1237231

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/5/2002	Mr. William Christie [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	\$100
1/29/2002	Mr. Pasquale Clemente [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Importer Self-Employed	\$100	\$100	\$250
1/29/2002	Ms. Grace Clifford [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	\$150
2/11/2002	Mrs. Barbara Conrad [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$200	\$200	\$200
1/25/2002	Conservative Women's Leadership (ID# 1237244) [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000	\$1,000	\$1,000
SUBTOTAL \$				1500		

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

Statement covers period from <u>Jan. 20, 2002</u> through <u>Feb. 16, 2002</u>	<b>SCHEDULE A (CONT)</b> <b>CALIFORNIA</b> <b>FORM 460</b>
Page <u>14</u> of <u>67</u>	

NAME OF FILER

Norby for Supervisor

ID NUMBER

1237231

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/29/2002	Ms. Elaine Cook [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	\$150
2/11/2002	Mr. Frank Corneli [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor Self-Employed	\$100	\$100	\$100
2/4/2002	Mr. Brian Daily [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Strategic Planner Coridianian College	\$100	\$100	\$200
1/31/2002	Mr. Anthony Dalkendorfer [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$50	\$150	\$450
2/9/2002	Mr. Brent Dunninger [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$550	\$550	\$1,000
SUBTOTAL \$				900		

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

SCHEDULE A (CONT)  
CALIFORNIA  
FORM 460

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I.D. NUMBER  
1237231

## Norby for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/25/2002	Mr. John Davis [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$200	\$200	\$200
1/31/2002	Mr. Felipe Delgado [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elec. Designer Filmer Daniel	\$50	\$90	\$138
2/15/2002	Mrs. Lisa DePaul-Snyder [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unemployed	\$100	\$100	\$100
2/11/2002	Ms. Diane Dimaria [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Self-Employed	\$500	\$500	\$500
2/11/2002	Mr. Carol Dylvestre [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	\$100
SUBTOTAL \$				950		

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT)

Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

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FORM 460

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ID. NUMBER  
1237231

## Norty for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (If committee, also enter ID. number)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If self-employed, enter name of business)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (If required)
2/10/2002	Mr. William Dohr [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Sterling Homes Corp	\$1,000	\$1,000	\$1,000
1/25/2002	Mrs. Margaret Donner [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor Self-Employed	\$190	\$190	\$190
2/11/2002	Mr. Thomas Dardin [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	\$100
2/12/2002	Mr. Donald Emde [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Publisher Self-Employed	\$100	\$100	\$100
2/8/2002	Encorepress Services [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000	\$1,000	\$1,000
SUBTOTAL \$ 2,390						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Statement covers period from <u>Jan. 20, 2002</u> through <u>Feb. 16, 2002</u>		CALIFORNIA FORM 460
Page <u>17</u> of <u>67</u>		

## Norby for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (If COMMITTEE, also enter ID number)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/6/2002	Mrs. Arnette Faddess [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Homemaker	\$250	\$250	\$400
2/12/2002	Mr. Samuel Farina [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Attorney Office of Hearing & Appeals	\$50	\$100	\$100
2/10/2002	Mr. James Ferrino [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$1,000	\$1,000	\$1,000
2/11/2002	Ms. Diane Ferguson [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Homemaker	\$100	\$100	\$150
1/29/2002	Mrs. MaryAnn Finley [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$200	\$300	\$500
SUBTOTAL \$ <u>1,600</u>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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NAME OF FILER

Norty for Supervisor

Statement covers period from <u>Jan. 20, 2002</u> through <u>Feb. 16, 2002</u>	CALIFORNIA FORM <b>460</b>
Page <u>18</u> of <u>67</u>	SCHEDULE A (CONT.)

ID. NUMBER  
1237231

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (# COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (# SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/15/2002	Mr. Mark Fisher [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Newport Beach	\$100	\$100	\$200
2/6/2002	Mr. Hollis Fitz [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carpenter Self-Employed	\$200	\$400	\$500
2/1/2002	Ms. Billie Jean Flemings [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$50	\$50	\$125
2/6/2002	Mr. Eric Floc [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Boeing	\$100	\$100	\$100
1/31/2002	Mrs. Linda Foresta [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250	\$250	\$250
SUBTOTAL \$				700		

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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from Jan. 20, 2002  
through Feb. 16, 2002

SCHEDULE A (CONT)  
CALIFORNIA  
FORM **460**

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## Norby for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (If COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/1/2002	Ms. Teresa Forrest [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wholesale Lender Homecomings Financial	\$100	\$100	\$200
2/5/2002	Mr. Sean Francis [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Hub Café	\$300	\$300	\$300
2/22/2002	Mr. James Fujimoto [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Treasurer Noritsu	\$50	\$50	\$150
1/21/2002	Fullerton Police Officers PAC (ID#943753) [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000	\$1,000	\$1,000
1/23/2002	Mr. F.O. Gardner [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Foam Promoting Co, Inc	\$500	\$500	\$500
SUBTOTAL \$				1 950		

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Page <u>20</u> of <u>67</u>		

ID. NUMBER  
**1237231**

## Norby for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/29/2002	Mr. Darryl Gibson [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Expertise	\$50	\$50	\$250
2/13/2002	Mr. Lawrence Gilbert [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Biz Executive The Powerhouse, Inc.	\$75	\$75	\$175
2/10/2002	Mrs. Sally Gipple [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager G & H Holdings	\$1,000	\$1,000	\$1,000
1/20/2002	Mrs. Robin Glem [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Franchise Law Team	\$100	\$100	\$600
2/10/2002	Mr. Steven Godbey [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Southwest Inspection & Testing Co.	\$1,000	\$1,000	\$1,000
SUBTOTAL \$ <u>825</u>						

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Statement covers period from <u>Jan. 20, 2002</u> through <u>Feb. 16, 2002</u>		<b>SCHEDULE A (CONT)</b> <b>CALL FORM 460</b> Page <u>21</u> of <u>67</u>

NAME OF FILER

Norby for Supervisor

I.D. NUMBER

1237231

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (* SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2002	Mr. Edward Goggin [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Certified Public Accountant Self-Employed	\$150	\$150	\$350
1/29/2002	Mr. Allen Goldberg [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineering Manager The Toro Company	\$75	\$75	\$100
2/7/2002	Mr. John Goldsmith [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pilot Fed Ex	\$50	\$50	\$150
2/16/2002	Mr. Lloyd Gomez [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$50	\$50	\$150
1/31/2002	Mr. Edward Gotschall [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CFO New Century	\$500	\$500	\$500
SUBTOTAL \$				815		1550

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from Jan. 20, 2002  
through Feb. 16, 2002

CALIFORNIA  
FORM **460**

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## Norby for Supervisor

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2/5/2002	Mrs. Charlotte Graham [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Homemaker	\$100	\$100	\$100
2/2/2002	Mr. & Mrs. Gene & Ann Greco [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Sales Capital Sales Inc	\$25	\$50	\$100
2/10/2002	Hardy & Harper [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		\$1,000	\$1,000	\$1,000
2/5/2002	Mrs. Diane Hassey [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Accountant Leandroix	\$100	\$100	\$200
2/4/2002	Mr. William Henderson [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$50	\$100	\$100
SUBTOTAL \$ <u>1725</u>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT)  
CALIFORNIA  
FORM  
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NAME OF FILER

Norby for Supervisor

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2/12/2002	Mr. Peter Hersh [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Self-Employed	\$100	\$100	\$100
2/5/2002	Mr. Wayne Herzog [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$200	\$200
2/11/2002	Mrs. Susan Heas [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Capo Unified School District	\$500	\$500	\$500
2/10/2002	Mrs. Susan Hittman [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Municipal Water District of OC	\$100	\$100	\$100
2/11/2002	Mr. Daniel Hodas [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Lopez, Hodas, et al	\$100	\$100	\$100
SUBTOTAL \$				<u>900</u>		

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SCHEDULE A (CONT)  
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1237231

Norby for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/8/2002	Mr. Myron Holburt [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$50	\$50	\$100
1/29/2002	Mr. David Holmes [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer Self-Employed	\$100	\$100	\$200
2/16/2002	Mr. Richard Howell [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Software Engineer Unemployed	\$100	\$100	\$200
2/5/2002	Mrs. Kathleen Hublitz [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Broadcom Corp	\$100	\$100	\$150
2/3/2002	Mr. William Hulsey [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Self-Employed	\$100	\$100	\$100
SUBTOTAL \$ <u>450</u>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>Jan. 20, 2002</u> through <u>Feb. 16, 2002</u>		CALIFORNIA FORM <b>460</b>
Page <u>15</u> of <u>67</u>		

NAME OF FILER  
**Norby for Supervisor**

ID NUMBER  
**1237231**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/25/2002	Mr. Anthony Hummel [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$100	\$100	\$200
2/5/2002	Mr. Glean Humphrey [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$500	\$500	\$500
2/12/2002	Ms. Diana Hunt [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Medical Transcriber Self-Employed	\$50	\$50	\$100
2/7/2002	Hyd-O-Seal [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		\$500	\$500	\$500
2/1/2002	Mrs. Sheila Iscerra [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Homemaker	\$50	\$50	\$150
SUBTOTAL \$ <u>1,200</u>						<u>1,200</u>

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(other than PTY or SOC)  
OTH - Other  
PTY - Political Party  
SOC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

SCHEDULE A (CONT)  
CALIFORNIA  
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NAME OF FILER

Natty for Supervisor

I.D. NUMBER

1237231

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/4/2002	Mr. Patrick Jackson [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	\$250
2/8/2002	Mrs. Barbara Jay [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Self-Employed	\$100	\$100	\$150
1/24/2002	Mrs. Rola Jneid [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President Novel Corporation	\$250	\$250	\$250
2/11/2002	Mr. Richard Jodzio [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Frontline Company	\$100	\$100	\$150
2/13/2002	Mr. Fred Johnston [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250	\$250	\$250
SUBTOTAL \$				<u>800</u>	<u>2250</u>	<u>2250</u>

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT)

Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

CALIFORNIA  
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NAME OF FILER

Norby for Supervisor

ID NUMBER

1237231

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/5/2002	Mr. Joe Jones [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Professor UCI	\$200	\$200	\$200
2/16/2002	Mrs. Kitty Jones [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Real Estate Self-Employed	\$500	\$500	\$500
1/25/2002	Mr. Linda Joseph [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Homemaker	\$500	\$500	\$500
2/5/2002	Mr. Michael Joyce [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$100	\$100	\$100
1/25/2002	Mrs. Marilyn Kane [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Homemaker	\$100	\$100	\$100
SUBTOTAL \$				1,460		

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

Statement covers period from <u>Jan. 20, 2002</u> through <u>Feb. 16, 2002</u>		CALIFORNIA FORM <b>460</b>
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NAME OF FILER <b>Norby for Supervisor</b>	ID. NUMBER <b>1237231</b>
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/29/2002	Mr. Benjamin Kaplan [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$50	\$50	\$100
2/11/2002	Mr. Michael Kartounis [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Owner Dymamic Fab, Inc.	\$100	\$100	\$100
1/29/2002	Mr. Ned Kassouf [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$100	\$100	\$200
2/10/2002	Mr. Keys Keel [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Physician Self-Employed	\$100	\$100	\$100
1/29/2002	Mrs. Arlene Kern [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Administrative Assistant Lundstrom & Assoc.	\$50	\$50	\$100
SUBTOTAL \$ <u>400</u>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
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Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

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LD NUMBER  
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Norbey for Supervisor						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (If COMMITTEE, ALSO ENTER LD NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/2/2002	Mrs. Cheryl Kinsman [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	CPA Kinsman & Kinsman	\$100	\$100	\$100
1/22/2002	Mr. Eric Knirk [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Real Estate Broker Self-employed	\$200	\$200	\$200
1/29/2002	Mr. Oliver Kolosoc [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$100	\$100	\$200
2/6/2002	Mr. Leonard Krauser [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$250	\$250	\$350
1/22/2002	Mr. Trisam Krogius [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Attorney Self-Employed	\$200	\$200	\$300
SUBTOTAL \$				\$550	\$550	\$550

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

SCHEDULE A (CONT)  
CALIFORNIA  
FORM **460**

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ID NUMBER  
**1237231**

## Norby for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NATURE OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/24/2002	Ms. Cecilia Lando [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$100	\$100	\$100
2/5/2002	Mrs. Laurence Langer [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$100	\$100	\$300
2/3/2002	Mr. Jacques Laufer [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Legal Consultant Hewitt Associates	\$50	\$50	\$100
2/10/2002	Mrs. Doris Lawson [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$100	\$100	\$100
2/13/2002	Mr. John Paul Ledesma [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Product Manager BMT	\$100	\$100	\$100
SUBTOTAL \$				<u>450</u>		

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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Statement covers period from <u>Jan. 20, 2002</u> through <u>Feb. 16, 2002</u>	SCHEDULE A (CONT.) CALIFORNIA FORM 460
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NAME OF FILER

Norby for Supervisor

I.D. NUMBER  
1237231

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/2/2002	Mr. Alfred Lee [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pharmacist Western Medical Center	\$200	\$200	\$300
2/5/2002	Mrs. Constance Lee [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manufacturer's Rep Self-Employed	\$250	\$250	\$250
1/27/2002	Mr. Jim Leathall [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250	\$250	\$350
2/13/2002	Mr. David Levine [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Self-Employed	\$100	\$100	\$100
2/13/2002	Mr. William Lavison [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$50	\$150	\$150
SUBTOTAL \$				850		

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

SCHEDULE A (CONT)  
CALIFORNIA  
FORM 460

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I.D. NUMBER  
1237231

NAME OF FILER							I.D. NUMBER	
Norby for Supervisor							1237231	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (* COM, PTE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (* SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
1/31/2002	Mr Howard Lewis ████████████████████ ████████████████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$250	\$500	\$1,000		
2/10/2002	Mr. Wayne Lindholm ████████████████████ ████████████████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Vice President Hensel Phelps Construction	\$1,000	\$1,000	\$1,000		
2/5/2002	Mrs. Barbara Link ████████████████████ ████████████████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Teacher Capo Unified	\$100	\$100	\$100		
2/5/2002	Mr. Harvey Liss ████████████████████ ████████████████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Engineer VL Systems, Inc.	\$100	\$100	\$100		
2/2/2002	Long Beach Roofing ████████████████████ ████████████████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		\$100	\$100	\$100		

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

SCHEDULE A (CONT)  
CALIFORNIA  
FORM 460  
Page 33 of 67

NAME OF FILER  
**Norby for Supervisor**

I.D. NUMBER  
**1237231**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (If Committee, also enter ID Number)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If self-employed, enter name of business)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (If required)
2/8/2002	Mr. Angel Lopez [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Machinist Capitol Machine	\$50	\$100	\$150
2/8/2002	Mr. Nicholas Lu [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Businessman Pioneer Electronics Co.	\$100	\$100	\$100
2/5/2002	Ms. Cheryl MacDonald [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$150	\$200	\$350
2/8/2002	Mrs. Patricia MacDonald [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$50	\$50	\$100
1/31/2002	Mrs. Barbara MacIntosh [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Assistant to VP Kawasaki Motors Corp	\$500	\$500	\$500
SUBTOTAL \$				850	1450	1900

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

SCHEDULE A (CONT)  
CALIFORNIA  
FORM 460

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ID NUMBER  
1237231

## Norby for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2002	Mr. Lance MacLean [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator UC Irvine	\$100	\$100	\$100
2/2/2002	Mr. Richard MacNair [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$50	\$50	\$100
2/8/2002	Mrs. Marilyn Macy-Green [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Management Meadows Management	\$50	\$50	\$100
2/7/2002	Mr. Thomas Madigan [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$200	\$300
2/5/2002	Mr. John Maggiano [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self-Employed	\$250	\$250	\$250
SUBTOTAL \$				<u>950</u>		

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Statement covers period from <u>Jan. 20, 2002</u> through <u>Feb. 16, 2002</u>	<b>SCHEDULE A (CONT)</b> <b>CALIFORNIA</b> <b>FORM 460</b>
Page <u>35</u> of <u>67</u>	

NAME OF FILER

**Norby for Supervisor**

ID NUMBER  
**1237231**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE ALSO ENTER ID NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
1/25/2002	Mrs. Gloria Magidson [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$150	\$150	\$250
1/29/2002	Mr. Thomas Malloy [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Trench Shoring Co.	\$100	\$100	\$200
2/5/2002	Mr. Charles Manger [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Saddleback Eye Center	\$1,000	\$1,000	\$1,000
1/25/2002	Mr. Peter Marshall [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Self Employed	\$100	\$100	\$100
2/5/2002	Mrs. Georgia Martin [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$100	\$150	\$250
SUBTOTAL \$ <u>1450</u>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

NAME OF FILER

Norby for Supervisor

Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

SCHEDULE A (CONT)  
CALIFORNIA  
FORM 460

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ID NUMBER  
1237231

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/29/2002	Mr. James Martin [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	CFO Ponderosa Mobile Estates	\$100	\$100	\$200
1/29/2002	Ms. Ronnie Mason [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Investor Self-Employed	\$100	\$100	\$200
2/5/2002	Mr. Jewel Mayer [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Homemaker	\$50	\$100	\$150
2/5/2002	Mrs. Kathryn Mays [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Homemaker	\$500	\$500	\$650
2/2/2002	Mr. & Mrs Norm & Virginia McCadoo [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Investor Self-Employed	\$200	\$300	\$400
SUBTOTAL \$				950		

\*Contributor Codes  
IND - Individual  
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(Other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>Jan. 20, 2002</u> through <u>Feb. 16, 2002</u>		CALIFORNIA FORM <b>460</b>
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I.D. NUMBER  
1237231

## Norby for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/25/2002	Mr. James McBride [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA Self-Employed	\$100	\$100	\$200
1/31/2002	Mrs. Eleanor McInnis [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	\$100
2/1/2002	Mr. James McWice [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$35	\$35	\$135
1/29/2002	Mr. Al Meisel [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$200	\$200
2/11/2002	Mr. Mark Mendizza [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Sage Communications	\$100	\$100	\$200
SUBTOTAL \$				435		

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT)

Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

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NAME OF FILER

Norby for Supervisor

ID NUMBER

1237231

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/25/2002	Mr. Campbell Michael [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Self-Employed	\$500	\$500	\$500
1/29/2002	Ms. Linda Milley [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Regional Account Manager Glaxo Smith Kline	\$50	\$200	\$200
1/29/2002	Mr. David Milliken [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$50	\$50	\$100
2/2/2002	Mr. Cynthia Minsky [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$100	\$350	\$650
2/13/2002	Mrs. Linda Moore [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$300	\$300	\$300
SUBTOTAL \$				1,000		

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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NAME OF FILER

Norby for Supervisor

Statement covers period from <u>Jan. 20, 2002</u> through <u>Feb. 16, 2002</u>		CALIFORNIA FORM <b>460</b>
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ID NUMBER  
1237231

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2002	Mrs. Roberta Muhlman [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Systems Analyst Lockheed Martin	\$200	\$200	\$200
1/25/2002	Mr. Steven Myers [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman & CEO Steven Myers & Associates	\$1,000	\$1,000	\$1,000
1/21/2002	Mr. Mohit Nanda [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self-Employed	\$900	\$900	\$1,000
2/6/2002	Mr. Richard Nerver [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	\$200
1/29/2002	Mr. Crandall Norton [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$500	\$500	\$1,000
SUBTOTAL \$ <u>1,700</u>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
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Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

SCHEDULE A (CONT)  
CALIFORNIA  
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NAME OF FILER **Norby for Supervisor** ID NUMBER **1237231**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/5/2002	Mr. James Osborn [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Business Executive Perigon	\$300	\$300	\$300
2/1/2002	Mr. Forrest Owen [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$100	\$100	\$200
1/29/2002	Mrs. Marion Paschke [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$50	\$100	\$150
1/31/2002	Mrs. Michelle Parker [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Account Executive New Century	\$250	\$250	\$350
2/4/2002	Mrs. Dolores Pasch [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Corp Officer W.M. Pasch Co.	\$50	\$50	\$100
SUBTOTAL \$ <b>750</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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NAME OF FILER

Norby for Supervisor

Statement covers period from <u>Jan. 20, 2002</u> through <u>Feb. 16, 2002</u>		CALIFORNIA FORM <b>460</b>
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LD. NUMBER  
1237231

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/2/2002	Mrs. Virginia Patrick [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$50	\$50	\$150
2/13/2002	Mr. Steven Patz [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	CEO K and S A.C.	\$150	\$150	\$150
1/25/2002	Mr. James Payne [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Attorney Payne & Pears LLP	\$1,000	\$1,000	\$1,000
2/10/2002	Mrs. Naomi Payne [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$100	\$100	\$100
2/11/2002	Mrs. Shirley Pemberton [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Sales Staklee Products	\$500	\$500	\$500
SUBTOTAL \$ <u>1,800</u>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

SCHEDULE A (CONT)  
CALIFORNIA  
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**460**

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**1237231**

## Norby for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/22/2002	Mrs. Nancy Petersen [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	\$200
1/29/2002	Mr. Robert Phillippy [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Newport Corporation	\$50	\$50	\$100
1/31/2002	Mr. Larry Phillips [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$500	\$500	\$500
1/25/2002	Mrs. Candy Pitaraci [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$50	\$50	\$150
2/13/2002	Mr. Allan Pilger [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Allan Pilger Telemarketing	\$100	\$100	\$100
SUBTOTAL \$				<u>\$80</u>	<u>\$80</u>	<u>\$100</u>

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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NAME OF FILER

Norby for Supervisor

Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

SCHEDULE A (CONT)  
CALIFORNIA  
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I.D. NUMBER  
1237231

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (If COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/11/2002	Mr. Richard Plavelch [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Mercedes-Benz	\$150	\$150	\$150
1/25/2002	Mr. Lawrence Pion [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pharmacist UCI Medical Center	\$100	\$100	\$100
1/29/2002	Mrs. Julia Rappaport [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$50	\$50	\$100
2/5/2002	Mrs. Shelle Raymond [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$100	\$100	\$100
1/29/2002	Ms. Joanne Reid [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	\$200
SUBTOTAL \$				90		

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Statement covers period from <u>Jan. 20, 2002</u> through <u>Feb. 16, 2002</u>	<b>SCHEDULE A (CONT)</b> <b>CALIFORNIA</b> <b>FORM 460</b>
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**Norby for Supervisor**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/2/2002	Mr. Charles Ritter [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$150	\$250
2/12/2002	Mr. Duane Roberts [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO BOG	\$1,000	\$1,000	\$1,000
1/29/2002	Mr. Howard Root [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medical Officer Manager Orange Coast Oncology	\$100	\$100	\$200
1/29/2002	Mr. Henry Rooney [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Self-Employed	\$100	\$100	\$200
2/6/2002	Mrs. Donna Ross [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investigator OC District Attorney	\$50	\$50	\$100
<b>SUBTOTAL \$</b>				<u>1,350</u>		<u>1,350</u>

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT)

Statement covers period from <u>Jan. 20, 2002</u> through <u>Feb. 16, 2002</u>		CALIFORNIA FORM <b>460</b>
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NAME OF FILER

Norby for Supervisor

ID NUMBER  
1237231

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/6/2002	Mrs. Judith Rodrock [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Attorney Old Republic Title Co	\$100	\$150	\$175
1/29/2002	Mrs. Lesley Rudolph [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$50	\$50	\$100
2/10/2002	Mr. Matthew Ruiz [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Interior Designer Self-Employed	\$100	\$100	\$200
2/12/2002	Mr. C.G. Russell [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$100	\$100	\$100
2/11/2002	Mrs. Marilyn Rutenbutter [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Homemaker	\$200	\$200	\$200
SUBTOTAL \$				550		

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Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

SCHEDULE A (CONT)  
CALIFORNIA  
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Norby for Supervisor

I.D. NUMBER  
1237231

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/15/2002	Mr. Mark Sachar [REDACTED]	<input type="checkbox"/> NO <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Attorney Self-Employed	\$100	\$100	\$100
1/29/2002	Mr. Frederick Sainick [REDACTED]	<input type="checkbox"/> NO <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Attorney Sainick & Cote	\$50	\$100	\$200
1/22/2002	Mr. Gary Samaha [REDACTED]	<input type="checkbox"/> NO <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	VP Sales Expanses	\$100	\$100	\$100
1/30/2002	Mr. Lee Sandler [REDACTED]	<input type="checkbox"/> NO <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Psychiatrist Self-Employed	\$100	\$100	\$200
1/29/2002	Mr. John Sordell [REDACTED]	<input type="checkbox"/> NO <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Business Consultant Self-Employed	\$100	\$100	\$150
SUBTOTAL \$ <u>450</u>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Statement covers period from <u>Jan. 20, 2002</u> through <u>Feb. 16, 2002</u>	<b>SCHEDULE A (CONT)</b> <b>CALIFORNIA</b> <b>FORM 460</b>
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NAME OF FILER <b>Norby for Supervisor</b>	UD NUMBER <b>1237231</b>
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER UD NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/10/2002	Mr. John Saunders [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Real Estate Investor Saunders Property Company	\$250	\$250	\$250
1/31/2002	Mrs. Diana Schlesinger [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Self-Employed Schlesinger Financial	\$100	\$100	\$200
2/5/2002	Mr. Guy Schmidt [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$100	\$100	\$100
2/13/2002	Mr. Carl Schlutless [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Consultant/Engineer Self-Employed	\$150	\$150	\$150
1/31/2002	Ms. Carol Schwab [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$50	\$50	\$100
SUBTOTAL \$ <b>650</b>						

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through Feb. 16, 2002

SCHEDULE A (CONT)  
CALIFORNIA  
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NAME OF FILER

Norby for Supervisor

ID NUMBER

1237231

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/16/2002	Mr. Alexander Scott [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$500	\$500	\$500
2/15/2002	Mrs. Monika Scott-Kerze [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Realtor ReMax	\$100	\$100	\$100
2/15/2002	Mr. John Selecky [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	CEO Lifescan	\$100	\$100	\$100
2/10/2002	Mr. Robert Shaw [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Contractor Berg Electric Corp	\$1,000	\$1,000	\$1,000
2/10/2002	Mr. Gary Shetler [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Contractor Helix Electric Company	\$1,000	\$1,000	\$1,000
SUBTOTAL \$				<u>2700</u>		<u>2700</u>

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SOC)  
OTH - Other  
PTY - Political Party  
SOC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>Jan. 20, 2002</u> through <u>Feb. 16, 2002</u>		CALIFORNIA FORM <b>460</b>
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NAME OF FILER

Norby for Supervisor

I.D. NUMBER  
1237231

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (If COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2002	Mr. William Shields [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Business Consultant Self-Employed	\$100	\$100	\$100
2/12/2002	Mr. James Slively [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Engineer Boeing	\$200	\$300	\$600
1/28/2002	Mr. Ralph Simon [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$50	\$80	\$140
1/21/2002	Mr. Mahender Singh [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Physician Self-Employed	\$1,000	\$1,000	\$1,000
1/29/2002	Mr. Bruce Smith [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$100	\$100	\$200
SUBTOTAL \$				1450	2080	

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

SCHEDULE A (CONT)  
CALIFORNIA  
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NAME OF FILER

**Norby for Supervisor**

LD. NUMBER

**1237231**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER LD. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/29/2002	Mrs. Velma Smith [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	\$200
2/1/2002	Mr. Richard Soden [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marketing Tiresico	\$50	\$75	\$125
2/10/2002	Mrs. Pat Soderquist [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	\$100
1/29/2002	Mr. Hans Sommer [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	\$100
2/7/2002	Mr. Allan Songstad [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Self-Employed	\$1,000	\$1,000	\$1,000
SUBTOTAL \$				<b>1,350</b>	<b>1,350</b>	<b>1,350</b>

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>Jan. 20, 2002</u> through <u>Feb. 16, 2002</u>		CALIFORNIA FORM <b>460</b>
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LD. NUMBER  
1237231

NAME OF FILER Nortby for Supervisor						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (If committee, also enter D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If self-employed, enter name of business)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/10/2002	Southern California Grading Co [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		\$500	\$500	\$500
1/29/2002	Mr. Frank Spratt [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$35	\$70	\$105
1/31/2002	Mrs. Christine Stockman [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Secretary Action Electric Corp	\$100	\$100	\$200
2/5/2002	Mrs. Grace Steiner [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$100	\$100	\$150
1/24/2002	Mrs. Julie Stevens [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Real Estate Sales Stevens Realty Group	\$100	\$100	\$100
SUBTOTAL \$				\$845	\$845	\$845

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

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SCHEDULE A (CONT)

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I.D. NUMBER  
1237231

## Norby for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/1/2002	Mr. David Stoddard [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Network Engineer Neo Logic Networks	\$50	\$50	\$100
1/25/2002	Mr. Harold Storch [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$100	\$150	\$200
2/12/2002	Mr. Steven Stratton [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Cabinet Maker Self-Employed	\$100	\$100	\$100
2/12/2002	Mr. Walter Straub [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	President Rainbow Tech	\$100	\$100	\$100
2/16/2002	Mrs. Sue Sutton [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Teacher Irvine Unified School District	\$25	\$50	\$100
SUBTOTAL \$ <u>375</u>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

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NAME OF FILER

**Norty for Supervisor**

ID NUMBER  
**1237231**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/2/2002	Mr. James Synold [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$200	\$400
1/24/2002	Mrs. Joanne Tarbell [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accounts Payable California Mortgage Services	\$1,000	\$1,000	\$1,000
1/29/2002	Mr. Troy Tate [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Counsel PRG Commercial	\$50	\$50	\$100
2/10/2002	Mr. Robert Thomas [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trustee Horowitz Brothers Trust	\$1,000	\$1,000	\$1,000
2/5/2002	Mr. Gary Thompson [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mayor Pro-Tem City of Rancho Santa Margarita	\$100	\$100	\$100
SUBTOTAL \$ <u>1,350</u>					<u>1,350</u>	<u>1,350</u>

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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STATEMENT COVERS PERIOD  
from Jan. 20, 2002  
through Feb. 16, 2002

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NAME OF FILER

Norby for Supervisor

I.D. NUMBER  
1237231

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/25/2002	Mrs. Darlene Torrence [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Business Executive Phor	\$300	\$300	\$550
1/24/2002	Mr. Chris Townsend [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	President Townsend Public Affairs	\$1,000	\$1,000	\$1,000
2/15/2002	Mr. Peter Travers [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Sales Dow Chemical	\$100	\$100	\$100
2/13/2002	Mr. Ernest Treichler [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Mech. Engineer Form Grind Corp	\$200	\$200	\$300
1/21/2002	Mr. Dan Trieber [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Vice President Orange-Pacific Construction	\$1,000	\$1,000	\$1,000
SUBTOTAL \$				<u>7,000</u>		

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Statement covers period from <u>Jan. 20, 2002</u> through <u>Feb. 16, 2002</u>	SCHEDULE A (CONT) CALIFORNIA FORM <b>460</b>
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## Norty for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (If Committee, also enter ID number)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If self-employed, enter name of business)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (If required)
2/2/2002	Mr. Jeri Turpin [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$30	\$30	\$100
2/11/2002	Mr. Clark Valentine [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Owner Valentine Design	\$200	\$200	\$200
2/15/2002	Mr. Jan Vandersloot [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Physician Self-Employed	\$500	\$500	\$500
2/6/2002	Mr. Paul Vana [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Sales Self-Employed	\$50	\$50	\$100
2/8/2002	Mr. Robert Vargo [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Teacher Capo Unified	\$100	\$150	\$300
SUBTOTAL \$				<u>900</u>		<u>1000</u>

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

SCHEDULE A (CONT)  
CALIFORNIA  
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NAME OF FILER

Norby for Supervisor

LO NUMBER

1237231

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2002	Ms. Donna Varier [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PR Consultant Perception Public Relations	\$100	\$100	\$100
1/31/2002	Mr. Frank Villalobos [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self-Employed	\$100	\$100	\$100
1/29/2002	Mr. Don Warren [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Librarian OC Public Library	\$100	\$150	\$250
1/29/2002	Mr. G.J. Wenck [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	\$250
2/3/2002	Mr. Peter Weizen [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	\$100
SUBTOTAL \$				<u>920</u>	<u>550</u>	<u>900</u>

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

SCHEDULE A (CONT.)  
CALIFORNIA  
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I.D. NUMBER  
**1237231**

Norby for Supervisor						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (if COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (if SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (if REQUIRED)
1/28/2002	Mr. Christopher Whiting [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Owner Sound Matrix Co.	\$1,000	\$1,000	\$1,000
2/10/2002	Mrs. Olga Whiting [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$1,000	\$1,000	\$1,000
1/24/2002	Van Cleave Family Trust [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$1,000	\$1,000	\$1,000
1/22/2002	Ms. Wendy Whiting [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Teacher Oury School District	\$1,000	\$1,000	\$1,000
1/25/2002	Mr. David Wilkinson [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Realtor Prudential Real Estate	\$200	\$200	\$200
SUBTOTAL \$ <u>4,200</u>						

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Statement covers period from <u>Jan. 20, 2002</u> through <u>Feb. 16, 2002</u>		CALIFORNIA FORM <b>460</b>
Page <u>58</u> of <u>67</u>		

NAME OF FILER <b>Norty for Supervisor</b>	ID. NUMBER <b>1237231</b>
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/5/2002	Mr. Robert Wilks [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Attorney Self-Employed	\$500	\$500	\$500
2/10/2002	Mr. Paul Wilkens [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Owner Herman Performance Institute	\$250	\$250	\$250
1/29/2002	Mrs. Carolyn Wilson [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Administrative Assistant Verizon Wireless	\$50	\$100	\$300
1/29/2002	Mr. John Windes [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$1,000	\$1,000	\$1,000
2/1/2002	Mr. Fred Wirth [REDACTED]	<input type="checkbox"/> ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$100	\$100	\$300
SUBTOTAL \$ <u>1,900</u>						<u>\$300</u>

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Statement covers period  
from Jan. 20, 2002  
through Feb. 16, 2002

SCHEDULE A (CONT)  
CALIFORNIA  
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I.D. NUMBER  
**1237231**

## Norby for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/10/2002	Mrs. Shirley Wood [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bookkeeper Self-Employed	\$100	\$100	\$100
1/29/2002	Mrs. Annie Young [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Exporter Self-Employed	\$100	\$300	\$300
2/1/2002	Mrs. Diane Zartus [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$100	\$300	\$500
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$ <u>300</u>						

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Norby for Supervisor

**LD. NUMBER**

1237231

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT FOR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
2/10	Chris Norby [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Teacher Brea High School	Office Space	\$2,000	-	3,000
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC					

1. Amount received this period – nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals).....	\$ 2,000
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....	\$ 0
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....	TOTAL \$ 2,000

**Contributor Codes**  
 IND – Individual  
 COM – Recipient Committee  
     (Other than PTY or SCC)  
 OTH – Other  
 PTY – Political Party  
 SCC – Small Contributor Committee

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Norby for Supervisor

Statement covers period from <u>1/20/02</u> through <u>2/16/02</u>	CALIFORNIA FORM <b>460</b>
Page <u>61</u> of <u>67</u>	LD NUMBER <u>1037231</u>

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CAP campaign paraphernalia/misc.	MAR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	ORC office expenses	SAL campaign workers' salaries
CVC civic donations	PEI petition circulating	TEL tv, or cable airtime and production costs
FL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
RND fundraising events	POL polling and survey research	TRS staff/pouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSE transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
UT campaign literature and mailings	PRC print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Coalition for Senior Citizen Security		Slate Mailer	1,448
Copy Right		Printing	547
County of Orange		Data	636

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2,631

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ 147,295
2. Unitemized payments made this period of under \$100 ..... \$ 10
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL \$ 147,305

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT)

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Norby For Supervisor

Statement covers period  
from 1/30/02  
through 2/16/02

CALIFORNIA  
FORM 460  
Page 62 of 67  
ID NUMBER  
1237231

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<p>OAP campaign paraphernalia/merch.</p> <p>ONS campaign consultants</p> <p>CTB contribution (explain nonmonetary)*</p> <p>CVC civic donations</p> <p>FL candidate filing/ballot fees</p> <p>RND fundraising events</p> <p>RND independent expenditures supporting/opposing others (explain)*</p> <p>LEG legal defense</p> <p>LT campaign literature and mailings</p>	<p>MGR member communications</p> <p>MNG meetings and appearances</p> <p>OFC office expenses</p> <p>PET petition circulating</p> <p>RHD phone banks</p> <p>POL polling and survey/research</p> <p>POS postage, delivery and messenger services</p> <p>PRO professional services (legal, accounting)</p> <p>PRT print ads</p>	<p>RAD radio airtime and production costs</p> <p>RFD returned contributions</p> <p>SAL campaign workers' salaries</p> <p>TBL tv, or cable airtime and production costs</p> <p>TTC candidate travel, lodging, and meals</p> <p>TTS staff/spouse travel, lodging, and meals</p> <p>TSE transfer between committees of the same candidate/sponsor</p> <p>VOT voter registration</p> <p>WEB information technology costs (internet, e-mail)</p>
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NAME AND ADDRESS OF PAYEE IF COMMITTEE, ALSO ENTER ID NUMBER	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Our Voice Latino Voter Guide [REDACTED]			Mailer	553-
Southern California County by County voter hand book [REDACTED]			Slate Mailer	4,000-
Staples [REDACTED]	OFC		Office Supplies	124-
US Postal Service	POS		Postage	15,720-
Voter Education Project [REDACTED]			Slate Mailer	15,700-

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 33,097

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*Norby For Supervisor*

Statement covers period  
from 4/20/02  
through 2/16/02

**SCHEDULE E (CONT)**  
CALIFORNIA  
FORM **460**

Page 43 of 67

LD NUMBER  
**1237231**

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CAP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFI office expenses	SAL campaign workers' salaries
CVC civic donations	PEI petition circulating	TEL t.v. or cable airtime and production costs
FL candidate filing/initial fees	PHD phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSE transfer between committees of the same candidate/sponsor
LEG legal defenses	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRI print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DMH & Associates [REDACTED]			Postage & Mailers	<del>25,604</del> 22,079
G Strahan & Associates [REDACTED]			Printing	12,723
Hang 'em High [REDACTED]			Signs	1,937
Hometown Voter Guide [REDACTED]			State Mailer	8,500
JART Direct Mail [REDACTED]			Printing & Postage	11,760

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ **56,999**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*Norby for Supervisor*

Statement covers period  
from 1/20/02  
through 2/16/02

SCHEDULE E (CONT.)  
CALIFORNIA  
FORM **460**

Page 64 of 67  
ID NUMBER  
**1237231**

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<p>OMP campaign paraphernalia/misc. OAS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings</p>	<p>MEM member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads</p>	<p>RAD radio airtime and production costs RAD returned contributions SAL campaign workers' salaries TEL tv, or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/pouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)</p>
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JC Evans Communications [REDACTED]	Lit		Graphic Design	860
Katrina Maas [REDACTED]			Fundraiser Services	5,000
Lewis Consulting Group [REDACTED]	CNS		Consulting	2,000
Max-Comm Technologies [REDACTED]			Phone Banks	2,550
Michael DiCostanzo [REDACTED]	PRO		Treasurer	250

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 10,660**



Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 4/20/02  
through 2/16/03

**SCHEDULE E (CONT.)**  
**CALIFORNIA**  
**FORM 460**

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Norby for Supervisor

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CAF	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFI	office expenses	SAL	campaign workers' salaries
CVC	cheque donations	PEC	petition circulating	TEL	tv. or cable airtime and production costs
FL	candidate filing/balot fees	PFO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/pouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	posting, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	WOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

[illegible]

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 13,908**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 1/20/02  
through 2/16/02

CALIFORNIA  
FORT  
460

Norby for Supervisor

**I.D. NUMBER**

1237231

Abbreviation	Definition	Abbreviation	Definition
QAP	campaign paraphernalia/misc.	MEM	member communications
ONS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFI	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate film/postal fees	PHD	phone bills
RFD	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads
		RAD	radio airtime and production costs
		RFD	returned contributions
		SAL	campaign workers' salaries
		TEL	t.v. or cable airtime and production costs
		TRC	candidate travel, lodging, and meals
		TTS	candidate spouse travel, lodging, and meals
		TSF	transfer between committees of the same candidate/sponsor
		VOT	voter registration
		WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (also report on 12)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Voter Education Project [REDACTED]	Slate Mailer	0	34,400-	15,700	18,700

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	INCURRED TOTALS \$	31,400
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	PAID TOTALS \$	15,700
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 8.)	NET \$	15,700

**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

**Type or print in ink.**  
**Amounts may be rounded**  
**to whole dollars.**

## SCHEDULE G

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Statement covers period  
from 1/26/02  
through 2/16/02

CALIFORNIA  
FORM  
460

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Chris Jones

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OLP	campaign paraphernalia/misc.	MR	member communications	RAD	radio airtime and production costs
ONS	campaign consultants	MTG	meetings and appearances	RED	returned contributions
OTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PEI	petition circulating	TEL	t.v. or cable airtime and production costs
PL	candidate filing/ballot fees	PHD	phone banks	TRC	candidate travel, lodging, and meals
RND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LT	campaign literature and mailings	PRD	print ads	WEB	information technology, web, e-mail, e-mail

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

[illegible]

**Attach additional information on appropriately labeled continuation sheets.**

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.